

COMPLETE INFORMATION BELOW – PLEASE PRINT

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				Month	Day	Year			
LAST NAME			FIRST NAME			MIDDLE INITIAL	SUFFIX (JR, SR, 1ST, 2ND, 3RD)		
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route <u>and</u> P.O. Box)				CITY			STATE	ZIP CODE	
CURRENT MAILING ADDRESS (If different from residential address)				CITY			STATE	ZIP CODE	
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT	EYE COLOR	HAIR COLOR	RACE		
	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>	FT.	IN.						
							<div><input type="checkbox"/> BLACK <input type="checkbox"/> WHITE</div>	<div><input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN OR PACIFIC ISL.</div>	<div><input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC</div>

Please answer questions A1 AND A2.

- A1. I hereby certify that the commercial motor vehicle in which I take any driving skills examination is representative of the class of commercial motor vehicle that I operate or expect to operate.

\_\_Yes \_\_No
- A2. I certify that I am not subject to any disqualification under 383.51, that my license is not suspended, revoked or cancelled in this or any other State and that I do not have a driver's license from more than one State or jurisdiction.

\_\_Yes \_\_No

Choose one of the following questions that apply to you.

- A3. I meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations (*DOT medical/vision requirements*).

\_\_Yes \_\_No
- A4. I am exempt from the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations (*DOT medical/vision requirements*) or from the age requirement as per Nebraska Statute 60-4,146, because I'm a:

A. Custom Harvester .....

\_\_Yes \_\_No

B. Bee Keeper .....

\_\_Yes \_\_No

C. Operator of a Farm Plated Tractor-Trailer.....

\_\_Yes \_\_No

D. Government Employee .....

\_\_Yes \_\_No

E. Power Company Employee .....

\_\_Yes \_\_No

F. Under age 21 and not employed by A-E .....

\_\_Yes \_\_No
- A5. I do not meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations (*DOT medical/vision requirements*), drive only within the State of Nebraska and hold or previously held a Nebraska CDL issued prior to July 30, 1996 due to:

A. Medical.....

\_\_Yes \_\_No

B. Vision .....

\_\_Yes \_\_No

C. Medical and Vision .....

\_\_Yes \_\_No

Answer question A6 OR A7.

- A6. I certify that I have not held a license (commercial or non-commercial) from any other State in the last ten years.

\_\_Yes \_\_No
- A7. I certify that I have held a license (commercial or non-commercial) from the following State(s) in the last 10 years.

\_\_Yes \_\_No

Please list State(s): \_\_\_\_\_

Please list any other names you were known as while holding those license(s): \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please answer the following motor voter/organ and tissue donation questions.

1. Do you wish to register to vote as part of this application process? (*You only need to re-register if you have changed your name, address or political party*).

\_\_Yes \_\_No
- (Optional – You are not required to answer questions #2-#4)
2. Do you wish to be an organ and tissue donor?

\_\_Yes \_\_No
3. Do you wish to receive any additional specific information regarding organ and tissue donation?

\_\_Yes \_\_No
4. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund?

\_\_Yes \_\_No

You must answer the following medical questions if you answered “Yes” to questions A4 or A5. DO NOT answer the following questions if you answered “Yes” to question #A3.

5. Have you within the last three months (*e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.*):

A. lost voluntary control or consciousness (date: \_\_\_\_\_).....

\_\_Yes \_\_No

B. experienced vertigo or multiple episodes of dizziness or fainting.....

\_\_Yes \_\_No

C. disorientation .....

\_\_Yes \_\_No

D. seizures (date: \_\_\_\_\_).....

\_\_Yes \_\_No

E. impairment of memory, memory loss.....

\_\_Yes \_\_No
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:

A. foot/leg .....

\_\_Yes \_\_No

B. upper body strength.....

\_\_Yes \_\_No

C. range of motion/mobility .....

\_\_Yes \_\_No

D. hand/arm.....

\_\_Yes \_\_No

E. neurological/neuromuscular disease.....

\_\_Yes \_\_No
7. Since the issuance of your last license/permit, has your health or medical condition worsened?

\_\_Yes \_\_No